

I/DD Program Bulletin



Lunch and Learn Calls for **consumers, advocates** and other **stakeholders** are every Wednesday at 12:00 p.m.

Email questions to:
kancare.ombudsman@kdads.ks.gov

Thank you to everyone who participated in the I/DD Waiver renewal process by submitting your comments through the RFI or participating in either the conference calls or in-person listening sessions.

Lunch and Learn Calls for **providers** will be held once per week, on Monday's beginning in April, from 11:00 a.m. to 12:00 p.m.

Email questions to:
providerforum@kdads.ks.gov

Bulletin Update for March 28, 2014

- + Requesting Additional Services List (RASL)
- + Billing and Claims
 - Plan of Care Issue
 - NPI Number Issue & How to Obtain an NPI
 - UHC Publishes Atypical Provider Bulletin
- + Changes in Federal Rules
 - Dept of Labor – Companionship Rule
- + Lunch and Learn Calls
- + CDDO Information
 - Weekly Calls with CDDOs
- + Targeted Case Manager Information
 - Weekly Calls with Targeted Case Managers
 - Sharing Information and Billing Updates
- + KDADS Schedules April Informational Meetings
- + Health Home Q & A

Requesting Additional Services List (RASL): On January 31, 2014 KDADS sent a letter to all HCBS-IDD program participants who are currently receiving HCBS services and have asked for additional services in the past. The forms are due on Saturday, March 1, 2014; however, KDADS will continue receiving forms after this date. Individuals can submit forms to KDADS by mail to 503 S. Kansas Ave, Topeka, KS 66603, by fax to 785-296-0256 or by email to HCBS-KS@kdads.ks.gov.

- Letter and Confirmation Form for HCBS-I/DD Participants on Request For Additional Services
http://www.kdads.ks.gov/CSP/IDD/KanCare_Imp/2014_01_31_RASL_Consumer_Letter_Form.pdf

Responses to RFI Questions Posted: Responses to the questions submitted regarding the RFI for the HCBS-I/DD waiver renewal have been posted at the following link:

Go to: http://www.kdads.ks.gov/CSP/IDD/IDD_Index.html. Look under RFI Questions and Answers.

Billing and Claims:

- ✚ **Plan of Care Issue:** Plans of Care submitted through MMIS after 2/1/14 for the purposes of updating eligibility, changes to obligation, or correcting errors to provider numbers, units, service amounts, etc. will be approved with an end date of 3/31/14 and the MCO will be notified of the need for an authorization for service dates beginning 4/1/14. Please work with your assigned POC approver (Sandra or Sandy) on these issues.
- ✚ **NPI:** We are aware of a small number of providers experiencing claim denials/rejections related to NPI numbers. We are working to resolve the issues with the MCOs, and it is our understanding that the MCOs have also reached out to most of the providers to work through the NPI number issue.

If you did not previously have an NPI listed with KMAP but have an NPI now, please contact KMAP Provider Enrollment by email or mail to update your NPI information in KMAP.

- KMAP Provider Enrollment email: **loc-ksxix-provider-enrollment@external.groups.hp.com**
- KMAP Provider Enrollment mailing address:

**Provider enrollment
PO Box 3571
Topeka, KS 66601**

If you have questions or need assistance, please call the KMAP provider line at 1-800-933-6593.

If you need an NPI, you can get one in less than 10 minutes. Please follow the instructions, below.

How to Obtain a National Provider Identifier (NPI):

- Go to: <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/apply.html>
 - **Apply online:** For the most efficient application processing and the fastest receipt of NPIs, use the web-based application process. Simply log onto the National Plan and Provider Enumeration System (NPES) and apply on line (see 'Apply Now' link under the Related Links section below).
 - **Apply by mail:** NPI Enumerator, P.O. Box 6059, Fargo, ND 58108-6059
 - The current form is available at: <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS10114.pdf>.
- **Contact Information**
 - Phone: 1-800-465-3203 or TTY 1-800-692-2326
 - E-mail: customerservice@npienumerator.com

- ✚ **United Health Care Atypical Provider Bulletin:** United Health Care has posted an Atypical Provider Billing Bulletin on their website at uhccommunityplan.com in the IDD Implementation Section under billing, and also in the provider bulletins section.

Changes in Federal Rules: There are several federal rules that could have an impact on home and community based services over the next several months. The State and several workgroups and advocacy organizations are watching for the interpretations of several laws, regulations and rules that may affect Kansas.

Additional information about the [final rule on minimum wage and overtime pay for home care workers](#). The Department of Labor hosted several webinar since the final rule was announced late last fall. In these webinars, stakeholders asked about the impact of the final rule on “shared living programs,” a term used to describe a broad range of programs where an individual receiving services lives together with the person providing those services. These programs may be known as “shared living,” “adult foster care,” “host home,” “paid roommate,” “supported living,” or “life sharing.”

Today, in response to stakeholders’ questions, DOL is issuing two guidance documents describing how the Fair Labor Standards Act (FLSA) applies to shared living programs. The two documents are: (1) an Administrator’s Interpretation providing a detailed analysis of the FLSA issues applicable to shared living programs; and (2) a Fact Sheet summarizing the FLSA analysis in the Administrator’s Interpretation by type of shared living program. These guidance documents, along with additional information about the final rule, are available at <http://www.dol.gov/whd/homecare/>.

DOL worked with the U.S. Department of Health and Human Services and stakeholders around the country to collect information to inform this guidance. DOL is developing additional guidance on other topics related to the final rule.

Further questions about the guidance documents on shared living programs or other inquiries about the final rule can be directed to homecare@dol.gov.

Lunch and Learn Calls

Registration for the calls is required (and must be completed by the day prior to the call). It can be completed online at: http://www.kdads.ks.gov/CSP/IDD/KanCare_Imp/IDD_Implementation_Calendar.html

Call in Number: 1.866.620.7326
Conference Code: 4283583031

✚ **Providers:** Beginning on April 7th, calls for Providers will be held once per week on Monday’s. We will have the Monday call on March 31st and then the next call will be on Monday, April 7th. We will discontinue Friday calls at this time. Callers may continue to submit questions to PROVIDERFORUM@kdads.ks.gov. If you experience difficulty registering for the Lunch and Learn calls you may also register by sending your name in an email to providerforum@kdads.ks.gov.

✚ **Lunch and Learn Calls for Consumers and Other Stakeholders:** Calls will continue through April on Wednesdays from 12:00 to 1:00 for consumers. Callers may submit questions to kancare.ombudsman@kdads.ks.gov If a consumer has problems registering for the Lunch and Learn call, they could email the KanCare Ombudsman at kancare.ombudsman@kdads.ks.gov.

CDDO Information:

✚ **Calls with CDDOs:** Beginning in April, CDDO calls will be held every other Thursday at 11:00 am starting on April 3, 2014. CDDOs should call 1.866.620.7326 conference code 4283583031.

Targeted Case Manager Information:

✚ **Weekly Calls with Targeted Case Managers:** TCM calls are held on Tuesday’s from 3:00 pm to 4:00 pm. TCMs should call 1.866.620.7326 conference 2850442124.

✚ **Targeted Case Manager Updates:** a Policy Memorandum will be issued to clarify the requests for information from the MCO and billing for targeted case management services.

KDADS Schedules April Informational Meetings: KDADS has scheduled additional I/DD informational meetings for the month of April. Seating is limited at each site and registration will be required through the KDADS website. All meetings will be from 9:00 am – 3:00 pm (persons will be on their own for lunch). Please watch the future bulletins for additional information. The KDADS website will have the registration information posted in the near future.

Dates and Locations for meetings are as follows:

April 21	Colby DCF Building 1135 S. Country Club Road Colby, KS <i>25 seats available</i>	April 25	Pittsburg DCF office Sunflower Conference Room 320 S Broadway Pittsburg, KS <i>60 seats available</i>
April 22	SDSI Offices 1808 Palace Drive Suite B Garden City, KS <i>50 seats available</i>	April 28	Kansas City Health Department Auditorium 619 Ann Avenue Kansas City, KS <i>90 seats available</i>
April 23	Salina DCF Office 901 Westchester Salina, KS <i>75 seats available</i>	April 29	TARC 2701 SW Randolph Ave Topeka, KS <i>50 seats available</i>
April 24	Wichita Independent Living Resource Center 3033 W 2 nd St. Wichita, KS <i>80 seats available</i>		

Health Home Q & A: Recently we have had a few questions about Health Homes and we wanted to provide responses to those questions from Becky Ross (rross@kdheks.gov).

- ✚ When do we start the contract process? Is it for the agency as a whole or a contract for each person served who chooses HH?

Response: The contracting process will begin as the HHPs begin working with the MCOs and have an idea of who they need to sub-contract with. You should reach out to your CMHC, Federally Qualified Health Center or safety net clinic, or any other providers who you think may be interested in becoming HHPs to start the conversation. The contract can be either for the agency or on a HH member by member basis. The contract could be a general contract detailing how payment will flow and what the TCMS of the agency will do for the I/DD HH members, with specific amendments or attachments detailing each member.

- ✚ Does the PMPM payment of \$137.32 to TCM providers take the place of TCM payment of \$10.83 per unit? Is it either or? The agency takes the \$137.32 and would not be allowed to bill TCM for any other billable services provided. I am assuming that services focused on the various components of the six core HH services that would be tracked separately and paid separately from TCM billable units.

Response: The \$137.32 takes the place of billing TCM units. CMS will not let the state pay for TCM and HH services for the same person. The TCM provider will need to document what they do for the HH member in order to receive the \$137.32. It should be spelled out in the contract between the TCM provider and the HHP.

- ✚ Do the MCO's have in Health Home Providers contracted?

Response: Not yet. They are just beginning to complete the state-required Preparedness and Planning Tool. Contracting will begin in mid-April.